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First Named Inventor: BAUMANN, NICHOLAS R.
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Title: SURGICAL PREP SOLUTION APPLICATOR SYSTEM AND METHODS

REQUEST FOR REFUND
UNDER 37 CFR §§ 1.26 AND 1.211(e)

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CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

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Date

Signed by: Judy Knutson

Dear Sir:

Applicants electronically submitted a Request for Certificate of Correction on June 13, 2007. Applicants mistakenly paid the \$100.00 fee associated with a Certificate of Correction. However, because the errors listed on the Certificate of Correction first occurred in the printed patent, and were not due to the Applicant's mistake, no fee should have been paid.

Accordingly, Applicants hereby request a refund of \$100.00 be credited to our Deposit Account No. 13-3723.

Respectfully submitted,

Date

By:

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